

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000206

Entity Name: TURNING POINT USA, NFP CORP.**Current Principal Place of Business:**217 1/2 E ILLINOIS ST
LEMONT, IL 60439**Current Mailing Address:**C/O WAGENMAKER & OBERLY LLC
53 W JACKSON BLVD, SUITE 1734
CHICAGO, IL 60604 US**FEI Number:** 80-0835023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name KIRK, CHARLIE
Address 217 1/2 E ILLINOIS ST
City-State-Zip: LEMONT IL 60439

Title DIRECTOR
Name HAMSTRA, GEORGE
Address 217 1/2 E ILLINOIS ST
City-State-Zip: LEMONT IL 60439

Title DIRECTOR
Name DEGROOTE, DOUG
Address 217 1/2 E ILLINOIS ST
City-State-Zip: LEMONT IL 60439

Title SECRETARY, TREASURER,
DIRECTOR
Name SODEIKA, TOM
Address 217 1/2 E ILLINOIS ST
City-State-Zip: LEMONT IL 60439

Title DIRECTOR
Name MILLER, MIKE
Address 217 1/2 E ILLINOIS ST
City-State-Zip: LEMONT IL 60439

Title ASST. SECRETARY, ASST.
TREASURER
Name DISMANG, JOHN
Address 217 1/2 E ILLINOIS ST
City-State-Zip: LEMONT IL 60439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM SODEIKA**SECRETARY****04/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date